

HIV/AIDS Planning Council Roles and Responsibilities

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2008

Roles and Responsibilities

1. Create and Maintain Planning Council		
Public Health	Planning Council	Planning Council Staff
Task 1: Establish and maintain operations		
<p><i>Care/Prevention:</i></p> <ul style="list-style-type: none"> Support the governance and by-laws of the Planning Council. Provide, manage, and supervise Planning Council staff as described in Attachment 2, Staffing Model. As necessary, provide technical assistance to the Planning Council and staff regarding guidance from HRSA, CDC, Washington State, and King County. Provide oversight of Council expenditures in accordance with King County procedures to ensure that expenditures are allowable, actual, appropriate, and timely. 	<p><i>Care/Prevention:</i> Develop procedures/policies that address membership, roles, and decision making, including, but not limited to:</p> <ul style="list-style-type: none"> Composition of the Council; selection, appointment, and duration of terms to ensure that membership meets requirements in the Ryan White and Omnibus legislation and CDC and HRSA guidances; Roles and responsibilities of the Council, its members, and its various components; Process to prospectively identify potential conflict(s) of interest and methods for resolution of COI for members; Methods for reaching decisions; attendance at meetings; and resolution of disputes identified in planning deliberations. <p>Review and update the by-laws to assure that they accurately reflect mandated and assumed Planning Council responsibilities.</p>	<p><i>Care/Prevention:</i></p> <ul style="list-style-type: none"> With Grantee oversight, expend Omnibus and Ryan White funds allocated for council support in accordance with funding source requirements. Provide logistical support to Planning Council. This support will include, but is not limited to, arranging, facilitating, and recording meetings; monitoring Planning Council deadlines; working with the Council to develop workplans; assuring that the Council meets its deadlines; coordinating member communication and recruitment.
Task 2: Grievance Procedure		
<p><i>Care:</i> Establish a grievance procedure related solely to procurement of care services, and identify funds for mediation/arbitration services related to procurement grievances.</p>	<p><i>Care:</i> Establish a grievance procedure related solely to allocation of care funding.</p>	<p><i>Care:</i></p> <ul style="list-style-type: none"> Identify funds for mediation/arbitration services. If a grievance is filed against the Planning Council, initiate the Council procedure and ensure that it is followed.
Task 3: Co-chair selection		
<p><i>Prevention:</i> Appoint Public Health Prevention Co-Chair.</p>	<p><i>Care/Prevention:</i> Elect Community Co-Chairs as described in the Planning Council by-laws.</p>	<p>Provide logistical support to Planning Council.</p>

1. Create and Maintain Planning Council (cont.)		
Public Health	Planning Council	Planning Council Staff
Task 4: Member recruitment		
<i>Care/Prevention:</i> Participate in the recruitment of potential Council members.	<i>Care/Prevention:</i> Develop recruitment plan and actively recruit new members to the Council.	<i>Care/Prevention:</i> Support member recruitment through outreach presentations, marketing and promotion, distribution of applications, and coordinating Council communication.
Task 5: Member selection		
<i>Care/Prevention:</i> Provide technical assistance about HRSA/CDC guidance regarding membership requirements.	<i>Care/Prevention:</i> Use the open process described in the Bylaws to nominate candidates for appointment by the King County Executive.	<i>Care/Prevention:</i> <ul style="list-style-type: none"> • Provide logistical support to Planning Council. • Forward member selections to County Executive for final approval.
Task 6: Member training		
<i>Care/Prevention:</i> As necessary, provide technical assistance for orientation and training activities.	<i>Care/Prevention:</i> Determine orientation and training needs of new and current council members.	<i>Care/Prevention:</i> <ul style="list-style-type: none"> • Based on identified Council needs, and in consultation with the Planning Council and Public Health, develop orientation and training curricula. • Provide a thorough orientation for all new Council members, as soon as possible prior to or after appointment.
Task 7: Collaborative Planning		
<i>Care/Prevention:</i> Effectively provide opportunities for collaboration between community planning members and other relevant community planning processes.	Participate in collaborative planning	Effectively provide opportunities for collaboration between community planning members and other relevant planning processes.

2. Prioritization and Allocation*		
Public Health	Planning Council	Planning Council Staff
Task 1: Development and use of Comprehensive Care Plan		
Care: Collaborate with Planning Council on the development of the Comprehensive Care Plan and methods to monitor progress.	Care: Design a comprehensive care plan per the HRSA guidance and collaborate with Planning Council Staff and Public Health to develop methods to chart progress toward achieving the goals outlined in that plan	Care: <ul style="list-style-type: none"> Write the three-year comprehensive care plan developed by Planning Council. Collect data required to chart progress toward achieving the goals outlined in the plan. Report to Council on results.
Task 2: Determine the planning process and cycle		
Care/Prevention: <ul style="list-style-type: none"> Coordinate Public Health resources with the planning process. Provide projected deadlines that are relevant to the Council's work (e.g., HRSA and DOH deadlines for priorities, strategies, comprehensive plans, etc.). Actively participate in meetings held to determine the planning process and cycle. 	Care/Prevention: In accordance with funding source requirements, determine the planning process and cycle.	Care/Prevention: <ul style="list-style-type: none"> Provide logistical support to determine the planning process and cycle. Document the progress made in accomplishing the goals and objectives of community planning.
Task 3: Needs Assessment		
Care/Prevention: <ul style="list-style-type: none"> Within a negotiated deadline, provide information requested by Planning Council Staff, including epidemiologic data, a calendar of meetings of providers, grant requirements and other data pertinent to the effective completion of a needs assessment. Public Health will give the Planning Council Administrator two weeks notice if the deadline cannot be met. Provide technical assistance and consultation on conducting needs assessments. 	Care: In accordance with HRSA guidance, determine the needs of the population with HIV disease, especially those who know their status and aren't in care; and disparities in access and services. Provide direction to Planning Council Staff on questions to be addressed in the annual assessment. Provide input on development of the process and actively support and participate in the process. Prevention: Provide direction to Planning Council Staff on population and questions of interest for one prevention needs assessment per year.	Care/Prevention: Develop and propose needs assessment process, including: collection, analysis, and interpretation of data; methods for securing community input; report preparation; and distribution of findings. This process will be conducted with input from Public Health and the Planning Council. Upon approval of the process, staff will conduct the needs assessment and report the findings back to the Planning Council and others.

*For this document, "allocation" means assigning dollars to service categories (on the care side) and funding percentages to risk populations (on the prevention side). Choosing vendors is referred to as "procurement".

2. Prioritization and Allocation (cont.)		
Public Health	Planning Council	Planning Council Staff
Task 4: Epidemiology		
<p><u>Prevention:</u> In advance of the prevention prioritization process, Public Health, in collaboration with the Council, will create the epidemiologic profile in accordance with the current CDC Guidance. The profile will be responsive to the Council's needs,. If requested, provide staff to present the information to the Council.</p> <p><u>Care:</u> Within a negotiated deadline, provide information requested by Planning Council Staff. The lead epidemiologist will give the Planning Council Administrator two weeks notice if the deadline cannot be met. If requested, provide staff to present the information to the Council</p>	<p><i>Prevention:</i> Provide representatives to serve on group formed by Public Health. Collaborate with Public Health in reviewing and finalizing list of priority populations.</p> <p><i>Care:</i> Inform Planning Council Staff of information needed to determine the size and demographics of the population with HIV disease.</p>	<p><i>Care:</i> Determine appropriate data sources and gather information requested by Planning Council.</p>
Task 5: Community Services Assessment (CSA)		
<p><i>Prevention:</i></p> <ul style="list-style-type: none"> • Inform Planning Council of the process to be used for conducting Community Services Assessment (CSA). • Conduct Community Services Assessment and report results to Council. 	<p><i>Prevention:</i> Collaborate with Public Health in reviewing and finalizing CSA.</p>	<p><i>Prevention:</i> Assist Prevention Planners in formatting the CSA in a manner that is appropriate for the Council's use.</p>
Task 6: Review Literature and determine interventions		
<p><i>Prevention:</i> Work with Planning Council Staff to provide literature and expertise to the Council and assist them in determining appropriate interventions.</p>	<p><i>Prevention:</i> Review available literature and determine appropriate interventions for each prioritized population.</p>	<p><i>Prevention:</i> Assist Public Health staff in compiling information for literature review.</p>
Task 7: Service Cost Effectiveness		
<p><i>Care:</i> Provide unit cost and, to the extent possible, cost effectiveness data to the Council for use in its deliberations.</p>	<p><i>Care:</i> Use unit cost and cost effectiveness data in determining funding priorities and allocations.</p>	<p><i>Care:</i> Work with HD to assess cost effectiveness to be presented to the Council for use in its deliberations</p>

2. Prioritization and Allocation (cont.)		
Public Health	Planning Council	Planning Council Staff
Task 8: Quality Management and Standards of Care		
<p><i>Care:</i></p> <ul style="list-style-type: none"> Develop and implement a continuous quality improvement plan for continuum services and provide feedback and information to both providers and the Council. Work with the Planning Council and service providers to develop Standards of Care. 	<p><i>Care:</i> Per HRSA guidance and with consumer input, create Standards of Care in conjunction with Public Health and service providers.</p>	<p><i>Care:</i> Provide logistical support for the development of Standards of Care.</p>
Task 9: Review and use key data to establish funding priorities		
<p><i>Care/Prevention:</i> Public Health planning staff will attend prioritization meetings to assure that the Council priorities comply with HRSA, CDC, Washington State Department of Health requirements and with King County contracting guidelines.</p> <p><i>Care:</i> Public Health staff will be responsible for identifying unallowable and/or problematic issues related to sub-priorities and funding caveat language.</p>	<p><i>Prevention:</i> Develop a comprehensive HIV Prevention Plan that includes ranked priority populations and a list of prevention activities/interventions for each population that will prevent as many new infections as possible.</p> <p><i>Care:</i> Establish priorities and allocate funds to service categories (not agencies).</p>	<p><i>Care/Prevention:</i> Facilitate council processes for prioritizing populations, interventions and/or service categories, and allocating funds to each.</p> <p><i>Care:</i> Assure that Public Health staff has the opportunity to review sub-priorities and funding caveats prior to decision-making. Write and edit the biannual care priority and allocation plan document using decisions made by the council.</p>
Task 10: Allocate funds for Planning Council support		
<p><i>Care/Prevention:</i> Together, Public Health planning staff, the Planning Council Administrator will create a Planning Council support budget. Public Health maintains oversight of allowable expenses and timely expenditure.</p>		
Task 11: Develop a priority plan		
<p><i>Prevention:</i> Write Region 4 biannual prevention plan that incorporates Planning Council priorities and send to state for inclusion in Washington State prevention plan.</p>	<p><i>Prevention:</i> Submit the Council's plan to Public Health to be included as part of Region 4's prevention plan, as required by funders</p>	<p>Provide logistical and writing support to Planning Council</p>

2. Prioritization and Allocation (cont.)

Public Health

Planning Council

Planning Council Staff

Task 12: Increment/ Decrement Plan

Care: Public Health Grantee staff must attend the Increment/Decrement meeting

Care:

- Prior to final care award notification, determine increment/decrement plan.
- Upon final award notification, evaluate prioritized funding levels based upon actual award, gaps in service, and emergent needs.

Provide logistical support to Planning Council.

3. Procurement of Contracts and Administration of Funds According to Priority Plans		
Public Health	Planning Council	Planning Council Staff
Task 1: Award funds for service provision through a competitive Request For Proposals (RFP) process		
<i>Care/Prevention:</i> <ul style="list-style-type: none"> Develop plan for an RFP and review process in accordance with King County guidelines. To the greatest extent possible, the plan should eliminate internal and external conflict of interest, or perceived bias. Using the RFP and review process, award funds to implement services in accordance with Planning Council priorities. 		<i>Care/Prevention:</i> Review and assure that Request-For-Proposal contains the priorities, sub-populations, and caveats as developed by the Planning Council during the prioritization process.
Task 2: Monitor service provision		
<i>Care/Prevention:</i> Monitor contractor activities and document compliance. Monitoring includes both program monitoring (assessing quality and quantity of the services being provided by a particular contractor) and fiscal monitoring (assessing how quickly and efficiently contractors use funds).		
Task 3: Concurrence/Non-Concurrence; Assurance		
<i>Care/Prevention:</i> Report to Planning Council on funds awarded through RFP process. At a minimum, the report must show dollar amounts or percentages of dollars for prioritized service categories or priority populations and interventions, and how funding caveats and sub-priorities were met.	<i>Care/Prevention:</i> Review Public Health awards and develop a written response that describes whether the allocations do or do not, and to what degree, agree with the priorities set forth in the priority plan (letter of concurrence/non-concurrence/concurrence with reservations for preventions; letter of assurance for care).	<i>Care/Prevention:</i> Draft and revise the letter(s) for Co-Chair signature.
Task 4: Evaluating the administration of funds		
<i>Care:</i> <ul style="list-style-type: none"> Within a negotiated deadline, provide a timeline of contract negotiation and invoice payment to Planning Council staff. 		<i>Care:</i> Assess the efficiency of the administrative mechanism and the effectiveness of services in addressing Planning Council priorities, and write the portion of the Ryan White grant related to this activity.

4. Other Responsibilities		
Public Health	Planning Council	Planning Council Staff
Task 1: Funding adjustments and mid/end of year reallocations		
<p><i>Care:</i></p> <ul style="list-style-type: none"> Monitor contract and Council underexpenditures. If below 5% of Ryan White annual award, re-allocate funding to other service categories in need of funding based on service utilization information. Inform Council of decisions and report allocation changes to HRSA. If Public Health identifies Ryan White underexpenditures greater than 5% of annual award, notify Council for re-allocation of unexpended funds (in a timely manner) to other service categories based on need and/or service utilization information. Public Health must conduct a timely contract amendment process in order to award these unexpended funds in the Council-identified service categories. Report Allocation changes to HRSA. <p><i>Prevention:</i> Public Health occasionally receives additional funds outside of the regular prevention funding cycle that must be spent on priority populations. If such funds become available, Public Health will inform the Planning Council of how it intends to use those funds in accordance with the prevention plan.</p>	<p><i>Care:</i> If Public Health identifies Ryan White underexpenditures greater than 5% of annual award, Council must re-allocate unexpended funds (in a timely manner) to other service categories based on need and/or service utilization information.</p>	<p><i>Care:</i> Provide logistical support for the reallocation process.</p>
Task 2: Monitoring progress		
<p><i>Care:</i> Monitor progress reports in order to report to HRSA.</p>		<p><i>Care:</i> Provide verbal or email updates as needed and information for the Part A application to the grantee.</p>

4. Other Responsibilities (cont.)		
Public Health	Planning Council	Planning Council Staff
Task 3: Evaluation of planning process		
<p><i>Care/Prevention:</i></p> <ul style="list-style-type: none"> • Collaborate with Planning Council and Council staff on evaluation of Council processes. • Report community planning monitoring and evaluation activities to HRSA and the Washington State Department of Health, as appropriate. 	<p><i>Care/Prevention:</i> Review and approve evaluation activities undertaken by Planning Council Staff.</p>	<p><i>Care/Prevention:</i> In collaboration with Public Health, provide on-going evaluation of Planning Council processes to assure that it meets the core objectives of community planning. Provide evaluation reports to Planning Council and relevant HIV/AIDS Program staff.</p>
Task 4: Provision of other information		
<p><i>Prevention:</i> Public Health will also provide the following information to the Planning Council:</p> <ul style="list-style-type: none"> ◆ Provide information on other services for high-risk populations identified in prevention plan. ◆ Assure that the Council has access to current information related to HIV prevention and analysis of the information, including potential implications for HIV prevention. ◆ Provide regular updates to Council on successes and barriers encountered to implementing services described in prevention plan (including local program evaluation data). <p><i>Care:</i> Provide the Planning Council with aggregate service summary reports — the Planning Council must not have access to individual provider information.</p>		

4. Other Responsibilities (cont.)		
Public Health	Planning Council	Planning Council Staff
Task 5: Policy Development and Advocacy		
<p>Public Health will regularly take positions on public policy issues. Public Health and the Council may not always be in agreement on public policy issues, but Public Health will not stop the Council from taking or publicizing it's positions.</p> <p>In public policy issues where the Council's position is directly opposed to an official position of the Health Department, the Public Health Co-Chair will not be obliged to sign the Council's letter.</p>	<p>While mandated responsibilities of the council listed in the roles and responsibilities attachment are the first priority for the Council, public policy activities will also be a priority for the Council. Public Policy activities should not interfere with the Council's core work. In the event that Council time is not sufficient to address both, then an Ad Hoc committee should be formed to address Public policy issues. The Council will advocate to maximize resources for HIV/ AIDS Care and Prevention. It will also advocate to enhance the environment within which the Council and its programs and clients function. This will be done through advocating for legislation nationally, at the state level and locally, affecting persons living with HIV/AIDS, PLWH. It will include reauthorizations of the Care Act, the Medicare Act, Medicaid, the AIDS Prescription Drug Program, and other pieces of legislative activity such as biennial state budgets that affect the Council, its programs and clients. Washington Administrative Code and revisions and federal regulation and guidelines and revisions affecting PLWH would also be considered Public Policy matters of Council interest. The Council will take positions on matters of local interest as appropriate.</p> <p>The Council will research and prepare material on public policy issues through ad hoc committees, and with the help of external public policy groups. Federal funds will NOT be used to accomplish this work.</p> <p>Letters addressing public policy issues will be drafted by leaders on the Council. This applies to minority reports as well.</p>	<p>Staff will support the Council in it's public policy efforts by helping to identify speakers to inform the Council on public policy debates, editing and putting letters drafted by Council leadership and external public policy professionals and activists onto Council letterhead for co-chair signature (after being approved by Council leadership), and helping Council leaders to draft letters. Additionally, the Council Administrator shall have authority to automatically sign the Council on to letters circulated by other groups regarding issues on which the Council has previously taken a position.</p> <p>The Council staff shall not be charged with researching public policy issues, due to time constraints.</p> <p>In an effort to ensure the impartiality of Council staff, they will not be given sole responsibility of drafting letters or position papers regarding public policy topics. They will review letters to assure they address the motion passed and nothing else.</p>